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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,631	12/31/2003	Heinz-Werner Kleemann	DEAV2002/0094 US CNT	8300
5487	7590	12/29/2008		
ANDREA Q. RYAN			EXAMINER	
SANOFI-AVENTIS U.S. LLC			ANDERSON, REBECCA L	
1041 ROUTE 202-206				
MAIL CODE: D303A			ART UNIT	
BRIDGEWATER, NJ 08807			PAPER NUMBER	
			1626	
			NOTIFICATION DATE	
			DELIVERY MODE	
			12/29/2008	
			ELECTRONIC	

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

USPatent.E-Filing@sanofi-aventis.com  
andrea.ryan@sanofi-aventis.com

# Office Action Summary

**Application No.**

10/749,631

**Applicant(s)**

KLEEMANN ET AL.

**Examiner**

REBECCA L. ANDERSON

**Art Unit**

1626

**Period for Reply** -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 16 October 2008.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1 and 3-48 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☒ Claim(s) 1, 3, 4, 20, 33 and 48 is/are allowed.
- 6) ☒ Claim(s) 5-19, 21-32 and 34-47 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☒ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☒ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SB/003)
- Paper No(s)/Mail Date \_\_\_\_\_

- 4) ☐ Interview Summary (PTO-413)
- Paper No(s)/Mail Date \_\_\_\_\_
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: \_\_\_\_\_

### **DETAILED ACTION**

Claims 1 and 3-48 are currently pending in the instant application. Claims 1, 3, 4, 20, 33 and 48 appear allowable. Claims 5-19, 21-32 and 34-47 are rejected. Applicants' amendment to the claims filed 16 October 2008 has overcome the objection to the claims as containing non-elected subject matter and has overcome the 35 USC 103(a) rejection.

#### ***Continued Examination Under 37 CFR 1.114***

A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 16 October 2008 has been entered.

#### ***Election/Restrictions***

Claims 1, 3, 4, 20, 33 and 48 are directed to an allowable product. Pursuant to the procedures set forth in MPEP § 821.04(B), claims 7-19, 21-32 and 34-48 directed to the process of making or using an allowable product, previously withdrawn from consideration as a result of a restriction requirement, are hereby rejoined and fully examined for patentability under 37 CFR 1.104.

Because all claims previously withdrawn from consideration under 37 CFR 1.142 have been rejoined, **the restriction requirement as set forth in the Office action mailed on 25 October 2005 between Groups I-III is hereby withdrawn.** In view of the

withdrawal of the restriction requirement as to the rejoined inventions, applicant(s) are advised that if any claim presented in a continuation or divisional application is anticipated by, or includes all the limitations of, a claim that is allowable in the present application, such claim may be subject to provisional statutory and/or nonstatutory double patenting rejections over the claims of the instant application. Once the restriction requirement is withdrawn, the provisions of 35 U.S.C. 121 are no longer applicable. See *In re Ziegler*, 443 F.2d 1211, 1215, 170 USPQ 129, 131-32 (CCPA 1971). See also MPEP § 804.01.

***Claim Rejections - 35 USC § 112***

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 5-19, 21-32 and 34-47 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the enablement requirement. The claim(s) contains subject matter which was not described in the specification in such a way as to enable one skilled in the art to which it pertains, or with which it is most nearly connected, to make and/or use the invention.

As stated in the MPEP 2164.01 (a), "There are many factors to be considered when determining whether there is sufficient evidence to support a determination that a disclosure does not satisfy the enablement requirement and whether any necessary experimentation is "undue."

In *In re Wands*, 8 USPQ2d 1400 (1988), factors to be considered in determining whether a disclosure meets the enablement requirement of 35 U.S.C. 112, first paragraph, have need described. They are:

1. the nature of the invention,
2. the state of the prior art,
3. the predictability or lack thereof in the art,
4. the amount of direction or guidance present,
5. the presence or absence of working examples,
6. the breadth of the claims,
7. the quantity of experimentation needed, and
8. the level of the skill in the art.

In the instant case,

### ***The nature of the invention***

The nature of the invention of claims 5 and 6 is pharmaceutical compositions with the broad intended use for human, veterinary or phytoprotective. Claims 7-19, 21-32 and 34-47 are methods of use for the treatment or prevention of a wide array of diseases applicant considers related to NHE such as cardiovascular diseases, cancer, stroke, inflammatory disorders, etc. Furthermore, the instant claims cover 'diseases' that are known to exist and those that may be discovered in the future, for which there is no enablement provided.

### ***The state of the prior art and the predictability or lack thereof in the art***

The state of the prior art is that the pharmacological art involves screening in vitro and in vivo to determine which compounds exhibit the desired pharmacological activities (i.e. what compounds can treat or prevent which specific diseases by what mechanism). There is no absolute predictability even in view of the seemingly high

level of skill in the art. The existence of these obstacles establishes that the contemporary knowledge in the art would prevent one of ordinary skill in the art from accepting any therapeutic regimen on its face.

The instant claimed invention is highly unpredictable as discussed below:

It is noted that the pharmaceutical art is unpredictable, requiring each embodiment to be individually assessed for physiological activity. In re Fisher, 427 F.2d 833, 166 USPQ 18 (CCPA 1970) indicates that the more unpredictable an area is, the more specific enablement is necessary in order to satisfy the statute.

Applicants are claiming methods which include the treatment and prevention of various diseases such as, cardiovascular diseases, cancer, stroke, inflammatory disorders, etc.

In regards to the treatment or prevention of inflammatory disorders, enablement for the scope of treating or preventing inflammatory disorders generally is not present. For a compound or genus to be effective against inflammation generally is contrary to medical science. Inflammation is a process, which can take place individually in any part of the body. There is a vast range of forms that it can take, causes for the problem, and biochemical pathways that mediate the inflammatory reaction. There is no common mechanism by which all, or even most, inflammations arise. Accordingly, treatments for inflammation are normally tailored to the particular type of inflammation present, as there is no, and there can be no "magic bullet" against inflammation generally. Inflammation is the reaction of vascularized tissue to local injury; it is the name given to the stereotyped ways tissues respond to noxious stimuli. These occur in

two fundamentally different types. Acute inflammation is the response to recent or continuing injury. The principal features are dilation and leaking of vessels, and recruitment of circulating neutrophils. Chronic inflammation or "late-phase inflammation" is a response to prolonged problems, orchestrated by T-helper lymphocytes. It may feature recruitment and activation of T- and B-lymphocytes, macrophages, eosinophils, and/or fibroblasts. The hallmark of chronic inflammation is infiltration of tissue with mononuclear inflammatory cells. Granulomas are seen in certain chronic inflammation situations. There are clusters of macrophages, which have stuck tightly together, typically to wall something off. Granulomas can form with foreign bodies such as aspirated food, toxocara, silicone injections, and splinters. Otitis media is an inflammation of the lining of the middle ear and is commonly caused by *Streptococcus pneumoniae* and *Haemophilus influenzae*. Cystitis is an inflammation of the bladder, usually caused by bacteria, Blepharitis is a chronic inflammation of the eyelids that is caused by a staphylococcus. Dacryocystitis is inflammation of the tear sac, and usually occurs after a long-term obstruction of the nasolacrimal duct and is caused by staphylococci or streptococci. Preseptal cellulitis is inflammation of the tissues around the eye, and Orbital cellulitis is an inflammatory process involving the layer of tissue that separates the eye itself from the eyelid. These life-threatening infections usually arise from staphylococcus. Hence, these types of inflammations are treated with antibiotics. Certain types of anti-inflammatory agents, such as non-steroidal anti-inflammatory medications (Ibuprofen and naproxen) along with muscle relaxants can be used in the non-bacterial cases. The above list is by no means complete, but

demonstrates the extraordinary breadth of causes, mechanisms and treatment (or lack thereof) for inflammation. It establishes that it is not reasonable to accept any agent to be able to treat or prevent inflammation generally.

Applicants claims are for the treatment or prevention of various cancers. The state of the prior art is that cancer therapy remains highly unpredictable. The various types of cancers have different causative agents, involve different cellular mechanisms, and consequently, differ in treatment protocol. It is known that the challenge of cancer treatment has been to target specific therapies to pathogenetically distinct tumor types, that cancer classification has been based primarily on morphological appearance of the tumor and that tumors with similar histopathological appearance can follow significantly different clinical courses and show different responses to therapy (Golub et al. page 531) Furthermore, it is known that chemotherapy is most effective against tumors with rapidly dividing cells and that cells of solid tumors divide relatively slowly and chemotherapy is often less effective against them. It is also known in the prior art (Lala et al. page 91) that the role of NO in tumor biology remains incompletely understood with both the promotion and inhibition of NO mentioned for the treatment of tumor progression and only certain human cancers may be treated by selected NO-blocking drugs. These example shows that there are different cellular mechanisms, the unpredictability in the art and the different treatment protocols.

In regards to the treatment and prevention of various cardiovascular disorders, "Cardiovascular system conditions" embrace a vast array of problems, many of which are contradictory to others. Thus, it covers hypertension and hypotension. It covers



various types of arrhythmias; angina pectoris', the thrombotic symptoms of diabetes, atherosclerosis and hyperlipoproteinaemias, ischemic heart disease including congestive heart failure and myocardial infarction, stroke, and peripheral vascular disorders, such as deep-vein thrombosis, elevated blood levels of triglycerides, of total cholesterol or of LDL cholesterol, arteriosclerosis, peripheral vascular disease, cerebral vascular disease and pulmonary hypertension, migraine, cardiomyopathy, etc. Not one compound, let alone a genus of compounds, could possibly be effective against such disorders generally.

Applicants claims are directed to the prevention and treatment of diseases such as stroke. Applicants' disclosure fails to enable the skilled artisan to use the compounds of the formula to prevent or treat these disorders, such as stroke. In addition, there is no proof that the claimed compounds have ever been administered to a human.

Stroke represents one of the most intractable medical challenges. Stroke is estimated to cause about 15% of deaths. Even those who survive normally suffer from persistent damage, including motor and speech disturbances and/or convulsions. Despite a tremendous effort to resolve these problems, cerebrovascular therapy as so far been limited to trying to prevent further damage in areas on the margins of the ischemic focus, this trying to maintain adequate perfusion in remaining intact areas, and thereby limit progressive infarction. This is generally done surgically. Standard pharmaceutical treatment, such as antiarrhythmics and antithrombotics don't get at the

cause of the stroke or the damage caused, but are mostly done to insure adequate cardiac functioning.

Hence, in the absence of a showing of correlation between all the diseases claimed as capable of treatment or prevention by the administration of the compounds of the claims one of skill in the art is unable to fully predict possible results from the administration of the compound of the claims due to the unpredictability, for example, since it is known that the challenge of cancer treatment has been to target specific therapies to pathogenetically distinct tumor types, that cancer classification has been based primarily on morphological appearance of the tumor and that tumors with similar histopathological appearance can follow significantly different clinical courses and show different responses to therapy.

***The amount of direction or guidance present and the presence or absence of working examples***

The only direction or guidance present in the instant specification is the listing of diseases applicant considers as treatable or preventable on pages 8-17. Additionally, in vitro data is found on pages 39-41. However, the disclosure does not provide how the in vitro data correlates to the treatment or prevention of the assorted diseases claimed.

The uses covered by the claims are not enabled based solely on the assay testing reported in the specification. Various studies reported for compounds in clinical development rely on animal models and not simply assay testing as done herein. Note Hoffman V. Klaus 9 USPQ2d 1657 regarding the standard of testing that is necessary to establish the likelihood of in vivo use. Also see Ex parte Powers 220 USPQ 925. Where the utility is unusual or difficult to treat or speculative, the examiner has authority

to require evidence that tests relied on are reasonably predictive of *in vivo* efficacy by those skilled in the art. See for example, *In re Ruskin* 148 USPQ 221; *Ex parte Jovanovics* 211 USPQ 907. Any evidence relied on by applicants must clearly show a reasonable expectation of *in vivo* success for any additional diseases that may still be embraced in response to this action. See MPEP 2164.05(a).

Additionally, for example, in regards to the treatment of specific cancers, in general, cell culture studies are not considered, in the cancer arts, to be reliably predictive of effects in cancer treatment, *in vitro* assays cannot easily assess host-tumor and cell-cell interactions that may be important in the malignant state and cannot duplicate the complex conditions of *in vivo* therapy. This is because characteristics of cultured cell lines generally differ significantly from the characteristics of a primary tumor. Those of skill in the art recognize that *in vitro* assays are useful to screen the effects of agents on cells. However, clinical correlations are generally lacking. The greatly increased complexity of the *in vivo* environment as compared with the very narrowly defined and controlled conditions of an *in vitro* assay does not permit a simple extrapolation of *in vitro* assays to human therapeutic efficacy with any reasonable degree of predictability.

Further, there is no disclosure regarding how all types of diseases claimed having diverse mechanisms are treated or prevented. Receptor activity is generally unpredictable and a highly structure specific area, and the data provided is insufficient for one of ordinary skill in the art in order to extrapolate to the other

compounds of the claims. It is inconceivable as to how the claimed compounds can treat or prevent the extremely difficult diseases embraced by the instant claims.

Applicants have not provided any competent evidence or disclosed tests that are highly predictive for the pharmaceutical use of the instant compounds. Pharmacological activity in general is a very unpredictable area. Note that in cases involving physiological activity such as the instant case, "the scope of enablement obviously varies inversely with the degree of unpredictability of the factors involved." See *In re Fisher*, 427 F.2d 833, 839, 166 USPQ 18, 24 (CCPA 1970).

### ***The breadth of the claims***

The breadth of the claims is for claims 5 and 6 is pharmaceutical compositions with the broad intended use for human, veterinary or phytoprotective. Claims 7-19, 21-32 and 34-47 are methods of use for the treatment or prevention of a wide array of diseases applicant considers related to NHE such as cardiovascular diseases, cancer, stroke, inflammatory disorders, etc. Furthermore, the instant claims cover 'diseases' that are known to exist and those that may be discovered in the future, for which there is no enablement provided.

### ***The quantity of experimentation needed***

The quantity of experimentation needed is undue experimentation. One of skill in the art would need to determine what diseases out of the multitude claimed would be benefited (treated or prevented) by the administration of the compound of the claims.

***The level of the skill in the art***

The level of skill in the art is high. However, due to the unpredictability in the pharmaceutical art, it is noted that each embodiment of the invention is required to be individually assessed for physiological activity by in vitro and in vivo screening to determine which compounds exhibit the desired pharmacological activity and which diseases would benefit from this activity.

Thus, the specification fails to provide sufficient support of the broad use of the compound of the instant claims for the treatment or prevention of the various claimed diseases and disorders as a result necessitating one of skill to perform an exhaustive search for which disorders can be treated or prevented by what compounds of the instant claims in order to practice the claimed invention.

Thus, factors such as "sufficient working examples", "the level of skill in the art" and "predictability", etc. have been demonstrated to be sufficiently lacking in the instantly claimed methods. In view of the breadth of the claim, the chemical nature of the invention, and the lack of working examples regarding the activity of the claimed compounds, one having ordinary skill in the art would have to undergo an undue amount of experimentation to use the invention commensurate in scope with the claims.

Genentech Inc. v. Novo Nordisk A/S (CA FC) 42 USPQ2d 1001, states that "a patent is not a hunting license. It is not a reward for search, but compensation for its successful conclusion" and "[p]atent protection is granted in return for an enabling disclosure of an invention, not for vague intimations of general ideas that may or may not be workable".

Therefore, in view of the Wands factors and *In re Fisher* (CCPA 1970) discussed above, to practice the claimed invention herein, a person of skill in the art would have to engage in undue experimentation to test which diseases can be treated or prevented by the compound encompassed in the instant claims, with no assurance of success.

### **Conclusion**

Any inquiry concerning this communication or earlier communications from the Examiner should be directed to Rebecca L. Anderson whose telephone number is (571) 272-0696. Mrs. Anderson can normally be reached Monday through Friday from 6:00am until 2:30pm.

If attempts to reach the Examiner by telephone are unsuccessful, the Examiner's supervisor, Mr. Joseph K. McKane, can be reached at (571) 272-0699.

The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only.

For more information about the PAIR system, see <http://pair-direct.uspto.gov>.

Should you have questions on access to the Private PAIR system, contact the  
Electronic Business Center (EBC) at 866-217-9197 (toll-free).

*/Rebecca Anderson/  
Primary Examiner, AU 1626*

22 December 2008

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Rebecca Anderson  
Primary Examiner  
Art Unit 1626, Group 1620  
Technology Center 1600